

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035300

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170
FILED SEP 24 1962Primary Registration District No. 3033 Registrar's No. 173VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
Length of stay in 1b 14 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace		d. STREET ADDRESS (If outside, give location) 354 Taylor	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Charles Frank Robertson		4. DATE OF DEATH Month Sept. Day 14 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-91
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 70 Days 70 Hours 70 Min. 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store		10b. KIND OF BUSINESS OR INDUSTRY Grocery	
11. BIRTHPLACE (City and state or country) Straffordville, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles W. Robertson		13b. MOTHER'S MAIDEN NAME Luemma Miller	
14. NAME OF HUSBAND OR WIFE Edna Robertson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Edna Robertson, Lebanon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:40a Month, Day, Year 9/12/62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9/12/62		20f. CITY, TOWN, OR LOCATION Lebanon, Mo.	
20g. COUNTY Laclede Co., Mo.		20h. STATE Mo.	
21. I attended the deceased from 9/12/62 to 9/14/62 and last saw him alive on 9/14/62 Death occurred at 5:40a on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Ernest E. Fisher M.D.	
22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 9/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-17-62	
23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park		23d. LOCATION (City, town, or county) Lebanon, Laclede Co., Mo.	
24. FUNERAL DIRECTOR J. J. Shadel		25. DATE RECD. BY LOCAL REG. 9-18-1962	
26. REGISTRAR'S SIGNATURE Heather L. May			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 9-17-1962 W.S.N.